

1578

349

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 349County YavapaiDistrict Prescott

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 28Town Or City Prescott

Local Registrar's No. _____

No. Mercy Hospital St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Elton Robert Mellott

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX	Color or Race	SINGLE
Male	White <u>Indian</u>	<u>MARRIED</u>
	Black <u>Chinese</u>	<u>WIDOWED</u>
	Mexican	<u>or DIVORCED</u>

DATE OF BIRTH Nov. 16, 1916
(Month) (Day) (Year)AGE 1 yrs. 3 mos. 3 days If less than 1 day
hrs., or min.OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed or (employer) _____BIRTHPLACE (State or country) ArizonaNAME OF FATHER H. J. MellottBIRTHPLACE OF FATHER (State or Country) KansasMAIDEN NAME OF MOTHER Myrtle DavisBIRTHPLACE OF MOTHER (State or Country) New MexicoThe Above Is True to the Best of My Knowledge
(Informant) H. J. Mellott,
(Address) Prescott, Arizona.PLACE OF BURIAL OR REMOVAL Citizens Cemetery DATE OF BURIAL OR REMOVAL Feb. 22, 1918.UNDERTAKER Lester Ruffner ADDRESS Prescott, Arizona.DATE OF DEATH Feb. 20, 1918.
(Month) (Day) (Year)I hereby certify, that I attended deceased from Feb. 17 1918 to Feb. 20 1918; that I last saw him alive on Feb. 20 1918, and that death occurred on the date stated above at 2 M. The DISEASE INJURY causing Death was as follows: Slight pneumonia(Duration) _____ yrs. _____ mos. 14 daysWas disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY _____

(Duration) _____ yrs. _____ mos. _____ days

(Signed) R. H. RoneyFeb. 22 1917. (Address) _____

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed Mar 1 1918 Local RegistrarFiled 2/25 John W. Finner County Registrar

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.